

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081038

Entity Name: JA & CB INVESTMENTS, LLC

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

1825 MAIN STREET C/O CHARM CONSULTING  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

1825 MAIN STREET C/O CHARM CONSULTING  
WESTON, FL 33326

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTINEZ, ISABEL  
1825 MAIN STREET C/O CHARM CONSULTING  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

CHARM CONSULTING, LLC  
1825 MAIN STREET C/O CHARM CONSULTING  
WESTON, FL 33326 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ISABEL MARTINEZ

04/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GALINDO, JULIO  
Address: 1825 MAIN STREET C/O CHARM CONSULTING  
City-St-Zip: WESTON, FL 33326

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GALINDO, JULIO  
Address: 1825 MAIN STREET C/O CHARM CONSULTING  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Change (X) Addition  
Name: DE GALINDO, FRANCESCA  
Address: 1825 MAIN ST  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JULIO GALINDO

MGRM

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date